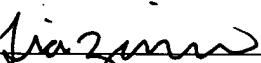


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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		<b>Attorney Docket No.</b> 245402007600 <b>First Inventor</b> Syuzo OHBUCHI <b>Title</b> SEMICONDUCTOR LASER DEVICE INCLUDING CLADDING LAYER HAVING STRIPE PORTION DIFFERENT IN CONDUCTIVITY TYPE FROM ADJACENT PORTIONS <b>Express Mail Label No.</b> EV 336630372 US																															
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>MS Patent Application</b> <b>ADDRESS TO:</b> Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																															
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing) (2 pages)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification <span style="border: 1px solid black; padding: 2px;">[Total Pages 14]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> <li>- Descriptive title of the invention</li> <li>- Cross Reference to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="border: 1px solid black; padding: 2px;">[Total Sheets 5]</span> 5. Oath or Declaration <span style="border: 1px solid black; padding: 2px;">[Total Sheets 3]</span> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))  <small>(for continuation/divisional with Box 18 completed)</small></li> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b>  <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></li> </ul> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 (2 pages)																																	
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:           <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li> <li>ii. <input type="checkbox"/> Paper</li> </ul> </li> <li>c. <input type="checkbox"/> Statements verifying identity of above copies</li> </ul>																																	
<b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s)) (3 pages)</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <span style="border: 1px solid black; padding: 2px;">[Power of Attorney]</span></li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 + <input type="checkbox"/> copy (5 pages) <span style="border: 1px solid black; padding: 2px;">[Copies of IDS Citations (4 references)]</span></li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)  <small>(Should be specifically itemized)</small></li> <li>15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s)  <small>(if foreign priority is claimed) (22 pages, including translation of cover page)</small></li> <li>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i).  <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></li> <li>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; padding: 2px;">[ ]</span></li> </ul>																																	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																																	
<b>19. CORRESPONDENCE ADDRESS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 2px;"><input checked="" type="checkbox"/> Customer Number:</td> <td style="width: 25%; padding: 2px;">25226</td> <td style="width: 25%; padding: 2px;">OR</td> <td style="width: 25%; padding: 2px;"><input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td>Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td colspan="2">Fax</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="2">Alan S. Hodes</td> <td>Registration No. (Attorney/Agent)</td> <td>38,185</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date</td> <td>November 17, 2003</td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number:	25226	OR	<input type="checkbox"/> Correspondence address below	Name				Address				City	State	Zip Code		Country	Telephone	Fax		Name (Print/Type)	Alan S. Hodes		Registration No. (Attorney/Agent)	38,185	Signature			Date	November 17, 2003
<input checked="" type="checkbox"/> Customer Number:	25226	OR	<input type="checkbox"/> Correspondence address below																														
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Signature			Date	November 17, 2003																													

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 336630372 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 11/17/03Signature: 

(Tia Zimmerman)

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 810.00)

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Syuzo OHBUCHI
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	245402007600

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  Other  None

 Deposit Account:

Deposit Account Number **03-1952**

Deposit Account Name **Morrison & Foerster LLP**

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments

 Charge any additional fee(s) or any underpayment of fee(s)

 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65 Surcharge - late filing fee or oath
1052	50	2052	25 Surcharge - late provisional filing fee or cover sheet.
1053	130	1053	130 Non-English specification
1812	2,520	1812	2,520 For filing a request for ex parte reexamination
1804	920*	1804	920* Requesting publication of SIR prior to Examiner action
1805	1,840*	1805	1,840* Requesting publication of SIR after Examiner action
1251	110	2251	55 Extension for reply within first month
1252	420	2252	210 Extension for reply within second month
1253	950	2253	475 Extension for reply within third month
1254	1,480	2254	740 Extension for reply within fourth month
1255	2,010	2255	1,005 Extension for reply within fifth month
1401	330	2401	165 Notice of Appeal
1402	330	2402	165 Filing a brief in support of an appeal
1403	290	2403	145 Request for oral hearing
1451	1,510	1451	1,510 Petition to institute a public use proceeding
1452	110	2452	55 Petition to revive - unavoidable
1453	1,330	2453	665 Petition to revive - unintentional
1501	1,330	2501	665 Utility issue fee (or reissue)
1502	480	2502	240 Design issue fee
1503	640	2503	320 Plant issue fee
1460	130	1460	130 Petitions to the Commissioner
1807	50	1807	50 Processing fee under 37 CFR 1.17(q)
1806	180	1806	180 Submission of Information Disclosure Stmt
8021	40	8021	40 Recording each patent assignment per property (times number of properties) 40.00
1809	770	2809	385 Filing a submission after final rejection (37 CFR 1.129(a))
1810	770	2810	385 For each additional invention to be examined (37 CFR 1.129(b))
1801	770	2801	385 Request for Continued Examination (RCE)
1802	900	1802	900 Request for expedited examination of a design application
Other fee (specify)			

SUBTOTAL (1) (\$ 770.00)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims 8	-20** = 0 x 18.00	= 0.00
Independent Claims 1	-3** = 0 x 86.00	= 0.00
Multiple Dependent		290.00 = 0.00

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

\*\*or number previously paid, if greater. For Reissues, see above

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

## SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Alan S. Hodes	Registration No. (Attorney/Agent)	38,185	Telephone	(650) 813-5622
Signature	(initials)			Date	November 17, 2003